

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 034 ****61.25

DOCUMENT # C10248

1. Entity Name
**HAYWARD LODGE NO. 45 FREE AND ACCEPTED
MASONS OF FLORIDA**



Principal Place of Business
**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202 US**

Mailing Address
**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7526354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
BROWN, FAMOUS RUBERT
20145 104TH ST
LIVE OAK, FL 320605984** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Franklin Ervin Walker Jr
11434 227th Pl
Live Oak FL 32060-5723**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SW
WALKER, FRANKLIN ERVIN JR
11434 227TH PL
LIVE OAK, FL 320605723** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☐ Addition
Wendell Ray Rausch
10035 105th Dr
Live Oak FL 32060-6918**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JW
RAUSEN, WENDELL RAY
10035 105TH DR
LIVE OAK, FL 320606918** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ Change ☒ Addition
Benjamin Horace Willis
23310 120th St
Live Oak FL 32060-5676**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MOTT, DONALD DEAN
23110 102ND PL
LIVE OAK, FL 320605922** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOWELL, MURL ROY
11288 235TH DR
LIVE OAK, FL 320605731** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald D. Mott* **Donald D. Mott**
3-4-06 386-6581355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #